

1.) CORPORATION NAME:

CSX Transportation, Inc.

DUE DATE: **1/31/2011**

SCC ID NO: **00503367**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC.

4445 CORPORATION LANE, 2ND FLOOR

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 WATER ST

CITY/ST/ZIP: JACKSONVILLE, FL 32202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	M J WARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	CLARENCE GOODEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CCO		
ADDRESS:	500 WATER STREET		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	PETER K MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP OF FIN-OPS/T		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	PAUL R HITCHCOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	500 WATER STREET		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	OSCAR MUNOZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		

NAME:	DAVID BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	LISA MANCINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	ELLEN FITZSIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	W. KYLE HANCOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	DEAN PIACENTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	CHRIS JENKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	DERRICK SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	JOHN WEST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	PETER MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	GARY BETHEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		

NAME:	MIKE SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	FREDERIK ELIASSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	CINDY SANBORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	CRAIG KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	LOUIS RENJEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	ALISON BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	SKIP ELLIOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	FRAN CHINNICI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	JAMES MARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		
NAME:	CARY HELTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE PENDERGRASS VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE CRABLE VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESTER PASSA VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN SIZEMORE VICE PRESIDENT 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRESSIE BROWN VICE PRESIDENT 500 WATER ST JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NATHAN GOLDMAN VICE PRESIDENT 500 WATER ST. JACKSONVILLE, VA 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN ARMBRUST ASST SECRETARY 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HOFFMAN ASST SECRETARY 500 WATER ST. JACKSONVILLE, FL 32202-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEVEN ARMBRUST SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		STEVEN ARMBRUST, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	
		1/25/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			